

Seattle Fire Prevention Division

220 3rd Avenue S Seattle, WA 98104-2608 Email: SFD_FMO_SystemsTesting@seattle.gov

REPORT OF SYSTEM INSTALLATION

Please contact the PSERN project at DAS-PSERN@kingcounty.gov to arrange to borrow radios and schedule uplink testing several days prior to testing. Radio and testing information here: https://psern.org/confidential-resources

Distributed Antonna Systems (DAS)	COMMISSIONING TEST RESULTS				
Distributed Antenna Systems (DAS)	☐ Accepted/White Tagged		ot Accepted		
Occupancy Information (All Fields Mandatory)					
Building Name:	Building Address:				
Contact Name:	Contact Phone:				
Contact Address:	Contact Email:				
Central Station Monitoring: Yes No	Monitoring Required:		es 🗌 No		
Monitoring Company Name:	Monitoring Company Phone:	:			
DAS Inventory (All Fields Mandatory)					
Update inventory information below. For commissioning: All	fields are mandatory. For anr	nual test: enter ar	ny missing values		
using results from the current annual test, otherwise do not ch	nange commissioning values.	Upload grid squar	e diagrams and		
other information using upload feature at end of inventory. A	fter leaving this page, you will	I not be able to ed	it inventory,		
except by creating a new report.					
System Make:					
System Model:					
Design Firm of Record:					
Electrical Permit Application Date:					
Electrical Permit Number:					
Location of System in Building:					
Applicable Code & Year (e.g. IFC 2021):					
Is this a shared system (shared with cellular phone carriers and	d/or internal radios?)	☐ Yes	☐ No		
Is this a fiber/active or a coax/passive system?		☐ Active	Passive		
PSERN Retune Completed?		☐ Yes	☐ No		
Grid square testing diagram and results uploaded to TCE?		Yes			
Diagram(s) uploaded to TCE showing location of BDA/DAS con	trol equipment, amplifiers,				
signal boosters, backup battery systems, and any outdoor ante		Yes			
Antenna Type:					
ERP to Donor Site (dBm):					
Testion shall be done using a DCFRN mublic sofety and is be	ld at from lavel and				
Testing shall be done using a PSERN public safety radio he	=				
	placed in transmit mode, transmitting within 3' of the antenna predicted to				
•	have the lowest loss to the BDA (based on distance from the BDA equipment).				
The output power of the BDA shall than be measured with a calibrated power					
meter or spectrum analyzer. Using the measured power, and the estimated					
feedline loss plus antenna gain, shall be used to calculate the Estimated					
Radiated Power (ERP).					
Antenna Gain (dBd):					
Antenna Coordinates (NAD83):					
Antenna Azimuth (degrees true) (DAS vendor may select the a	ntenna unless				
directed to a specific antenna by the PSERN Operator):					
Uplink Gain Setting:	Gain Set	tting:	db		
	Power:	J	dbm		
Downlink Gain Setting:	Gain Set	tting:	db		
	Power:		dbm		

Sigr	nal Level Received at Donor Site (-dBm):					
	The signal level received at the donor site shall be measured by the PSERN					
	Project - see the DAS vendor information at https://psern.	•				
	resources. You will also borrow radios from PSERN for you					
	signal shall be generated from a public safety radio held a	=				
	placed in transmit mode, transmitting within 3' of the anto	=				
	have the lowest loss to the BDA (based on distance from the	•				
Sigr	nal Level Received from Donor Site (-dBm):					
	Measure active control channel, w/20 KHz resolution band	lwidth, at the				
	jumper that connects to the DAS head-end donor port.					
Cha	nnelized Donor Site Name (to be selected by the DAS vend	or unless directed				
	he PSERN project to a specific donor site):					
-	nnelized or Broadband (Note: new broadband systems are	not accepted on	Chann	elized		
	RN):	•	Broadk			
	of Critical Areas in Building (for coverage testing requireme	ents). Critical areas f	from NFPA	1225 and the Fire Code	e are: the	
	command center(s), the fire pump room(s), interior exit sta	•				
0	command center(s), the me pump room(s), interior exits so	an ways, exit passag	errays, e.e.	rator robbies, starrapip	e cabineti	
Atta	ach grid square diagrams, and diagram of location of equip	ment and devices				
	and grad square diagrams, and diagram of location of equip.	ment and devices.				
	ting Company Information (All Fields Mandatory)					
Cor	npany Name:	Phone:				
Add	Iress:	Emergency Phone:				
		Email:				
Tec	hnician/Tester Information (All Fields Mandatory)					
Tec	hnician Name:					
Tec	hnician FCC Certification/GROL#:					
Tec	hnician performing testing has received approved certificat	ion and manufactur	rer training	or Yes		
oth	er equivalent:					
Spe	cify manufacturer training received and year: Trainir	ng: Yr: 20	_			
Tes	ting Equipment (All Fields Mandatory)					
Spe	ctrum analyzer make/model**:					
Spe	ctrum analyzer calibration date:					
Calibration performed by firm (qualified firm name):						
** Use of a calibrated spectrum analyzer, with a current calibration, is required for this testing.						
Test Information (Mandatory)						
Dat	e of Test:					
The	items on the checklists below shall be inspected and teste	d This list does not	constitute	all of the required insp	ecting and	
The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and						
testing requirements for BDA/DAS. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and/or quarterly inspecting and testing requirements.						
IVIA	NOFACTORER'S INSTRUCTIONS for weekly, monthly, and/o	quarterly inspectii	ig allu testi	ng requirements.		
PRE	-TEST CHECKS					
1	Take precautions to avoid preventable alarms. The Centr	al Station				
	Monitoring Service was notified that DAS testing is occurr	ing and will be		Yes		
	generating supervisory signals.					
2	A copy of the completed Rebroadcast Agreement with PSI	RN is available in		Voc		
	the emergency responder radio system enclosure.			Yes		
3	Electrical permit is signed off.			Yes		
4	4 A copy of the following documents is stored in the emergency responder radio system enclosure and/or the building				ilding	
	engineer's office, and an additional copy has been provided to the PSERN Operator.					

a.	Grid diagram for each floor, showing test signal strengths in each floor, and indicating location of each critical area. Include information on location of fire-resistance-rated pathways. This document has also been uploaded to TCE.		Yes
b.	A diagram showing location of BDA/DAS control equipment, amplifiers, signal boosters, backup battery systems, and any outdoor antennas, and a wiring schematic. This document has also been uploaded to TCE.		Yes
c.	Manufacturer specifications for all BDA/DAS systems components including amplifiers, signal boosters, antennas, coax, couplers, splitters, combiners, filters, or any other passive components included.		Yes
d.	Data sheets for the backup battery and charging system (if utilized), and include calculations to ensure the backup power requirements are met.		Yes
	A certification letter stating that the BDA/DAS has been installed and tested per code and that the system is complete and fully functional. TIVE COMPONENTS		Yes
	Signal booster is within a NEMA 4, IP66-type waterproof cabinet or		
5	equivalent.		Yes
6	Battery is within a NEMA 3R, IP65-type waterproof cabinet or equivalent.		Yes
7	Equipment is FCC certified.		Yes
8	Signage at Fire Alarm Panel "This building is equipped with an Emergency		163
o	Responder Radio Coverage System. Control equipment located in room", and signage on or adjacent to the door of the room containing the main system components stating: "Emergency Responder Radio Coverage System Equipment".		Yes
9	Donor antenna(s) are installed in a manner that meets applicable requirements in the International Building Code for weather protection of the building envelope, and are permanently affixed on the highest possible position on the building or where approved by the fire code official, with a sign stating "Movement or repositioning of the antenna is prohibited without approval from the fire code official".		Yes
10	Active components checked to verify operation within manufacturers' specification	ns:	
	Equipment alarm log checked for recurring or substantial alarms and addressed as per manufacturer's recommendations.		Yes
b.	Isolation testing performed and measured system isolation is at least 20 db above the total downlink and the total uplink gain (whichever is greater) between least isolated DAS antenna and the donor antenna.		Yes
c.	Active RF emitting equipment shall have built-in oscillation detection and		Yes
	control circuitry.		165
	TRIBUTION SYSTEM AND COVERAGE		
11	Perform in-building coverage test/grid test as required by 2021 local Fire		
	Code Section 510.5.4 using a calibrated spectrum analyzer: Signal strength remains stronger than (less negative than) -95 dBm for 95% of grids on each floor in non-critical areas (for a 20 grid square test, this means that at least 19 of the grids must pass for the floor to pass).		Yes
12	The list of critical areas to be provided coverage in this building is complete (list is stored with inventory information above).		Yes
13	Critical areas are provided with 99% floor area radio coverage with coverage stronger than -95 dBm.		Yes

14	Perform functional (talk-back) testing in each critical area using one radio in the building and one radio outside the building - radios function sufficiently for communications with a DAQ of 3 or higher?		Yes		
15	Perform functional (talk-back) testing between each critical area in the building to fire command center, or if no command center, fire alarm control panel - radios function sufficiently for communications with a DAQ of 3 or higher?		Yes		
16	Perform functional (talk-back) testing between a radio at the fire alarm control panel and a radio at each landing in each stairwell - radios function sufficiently for communications with a DAQ of 3 or higher?		Yes		
17	Spectrum analyzer or other suitable test equipment has been utilized and confirms that no spurious oscillations are being generated by the subject signal booster.		Yes		
BAT	TERIES/SECONDARY POWER				
	Backup batteries and secondary power supply tested under load for one hour and meets requirements.		Yes		
	RM PANEL MONITORING				
	The fire alarm system is supervising the DAS.		Yes		
20	Communications link between the fire alarm system and the in-building emergency responder communications enhancement system is monitored for integrity.		Yes		
21	A supervisory signal was received at Central Station Monitoring company.		Yes		
22	The fire alarm panel either (1) separately annunciates the following conditions, or (2) the fire alarm panel has a single DAS supervisory signal annunciating a DAS deficiency with an additional panel at the DAS in the enclosure that displays status for all of the following conditions; and, the annunciation was tested and functioning properly:				
2	Donor antenna malfunction.		Yes		
	Active RF emitting device failure.		Yes		
	Low battery capacity indication when 70% of 12-hour operating capacity has		163		
C.	been depleted.		Yes		
d.	System component failure.		Yes		
	Loss of normal AC power.	П	Yes		
	Failure of battery charger.		Yes		
	AL CHECKS				
23	If building includes a fire alarm system, inform alarm monitoring company				
	that testing is complete.		Yes		
SIGI	NATURES AND REPORTING				
24	I will attach a white service label after this system is inspected by the Fire Department inspector.		Yes		
25	I will provide a copy of the acceptance test report to the responsible party after the system is inspected by the Fire Department inspector.		Yes		
	I have submitted this report to the Fire Department through TCE.		Yes		
By accepting this statement I attest that I am properly qualified under the Seattle Fire Code and PSERN rules to perform this					
work. I further attest that the DAS has been properly installed and tested to meet the current Fire Code (FC) used by the					
department that has jurisdiction and NFPA Standards adopted by the FC for this system. I am authorized to submit this report for the certified technician (Initials of Employee)					
	l accept. I am authorized to submit this report for the certified tech who has accepted this statement.	ııııcıd[]	((Initials of Employee)	
SIGI	NATURE (OPTIONAL)				
	. ,				

Signature of Technician

Signature of Building Representative

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To submit reports to SFD, use the online forms at www.thecomplianceengine.com.